

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 013 ***158.75

DOCUMENT # P96000042698					
1. Entity Name GMS FLORIDA WEST COAST, INC.					
Principal Place of Business 14499 N DALE MABRY SUITE 230 TAMPA, LF 33618 US			Mailing Address 14499 N DALE MABRY SUITE 230 TAMPA, LF 33618 US		
2. Principal Place of Business 15320 AMBERLY DRIVE Suite, Apt. #, etc. SUITE B		3. Mailing Address 15320 AMBERLY DRIVE Suite, Apt. #, etc. SUITE B			
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 59-3377939	
Zip 33647		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01062004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent FRABLER, DANIEL W 14499 N DALE MABRY SUITE 280 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name FRAZIER, DANIEL W., MD Street Address (P.O. Box Number is Not Acceptable) 15320 AMBERLY DRIVE SUITE B City TAMPA FL Zip Code 33647		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: (DANIEL W. FRAZIER, MD) 1/9/04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRAZIER, DANIEL W. M 13601 BRUCE B DOWNS BLVD, SUITE 121 TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15320 AMBERLY DRIVE, SUITE B TAMPA, FLORIDA 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISSMAN, MARK M 13601 BRUCE B DOWNS BLVD, SUITE 121 TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15320 AMBERLY DRIVE, SUITE TAMPA, FLORIDA 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PILA, KALMAN 3000 E. FLETCHER, SUITE 300 TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBSON, PETER A 500 VONDERBURG DRIVE, SUITE 303-E BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: (DANIEL W. FRAZIER, MD) 1/9/04 (813) 977-2090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					